



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

December 13, 2021

Erin Ottenbreit  
Cedarbrook Of Bloomfield Hills  
41150 Woodward Avenue  
Bloomfield Hills, MI 48394

RE: License #: AH630394482  
**Cedarbrook Of Bloomfield Hills**  
**41150 Woodward Avenue**  
**Bloomfield Hills, MI 48394**

Dear Ms. Ottenbreit:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. Your license is renewed, effective 11/1/21 – 10/31/22. It is valid only at your present address and is nontransferable.

Please review the enclosed documentation for accuracy and contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please feel free to contact the local office at (517) 284-9730.

Sincerely,

A handwritten signature in cursive script that reads "Brender d. Howard".

Brender Howard, Licensing Staff  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909  
(313) 268-1788

enclosure

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
BUREAU OF COMMUNITY AND HEALTH SYSTEMS  
RENEWAL INSPECTION REPORT**

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AH630394482
<b>Licensee Name:</b>	41150 Woodward LLC
<b>Licensee Address:</b>	Suite 300 1450 W Long Lake Rd, Troy, MI 48098
<b>Licensee Telephone #:</b>	(248) 583-6020
<b>Authorized Representative:</b>	Erin Ottenbreit
<b>Administrator/Licensee Designee:</b>	Dena Drobrich
<b>Name of Facility:</b>	Cedarbrook Of Bloomfield Hills
<b>Facility Address:</b>	41150 Woodward Avenue Bloomfield Hills, MI 48394
<b>Facility Telephone #:</b>	(248) 955-4956
<b>Original Issuance Date:</b>	05/01/2019
<b>Capacity:</b>	114
<b>Program Type:</b>	ALZHEIMERS AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 12/6/21

Date of Bureau of Fire Services Inspection if applicable: 10/20/21. 12/13/21

Inspection Type:  Interview and Observation  Worksheet  
 Combination

Date of Exit Conference: 12/6/21

No. of staff interviewed and/or observed 12

No. of residents interviewed and/or observed 37

No. of others interviewed 0 Role 0

- Medication pass / simulated pass observed? Yes  No  If no, explain.
- Medication(s) and medication records(s) reviewed? Yes  No  If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes  No  If no, explain. No funds for the residents.
- Meal preparation / service observed? Yes  No  If no, explain.
- Fire drills reviewed? Yes  No  If no, explain. Interviewed staff on the policies and procedures.
- Water temperatures checked? Yes  No  If no, explain.
- Incident report follow-up? Yes  IR date/s: N/A
- Corrective action plan compliance verified? Yes  CAP date/s and rule/s: 10/8/20 2021A0784001 1922(5), 1921 (1), 20201 (1)
- Number of excluded employees followed up? 2 N/A

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

The facility was found to be in substantial compliance with the public health code and administrative rules regulating home for the aged facilities.

### IV. RECOMMENDATION

Renewal of the license is recommended.

*Brenden L. Howard*

12/13/21

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Date

Licensing Consultant